

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No.	HE0189-A
First Named Inventor:	Del Grosso et al.
Title:	OPTICAL POLARITY MODULES AND SYSTEMS
Express Mail Label No.	Express Mail No: EV333680851US
<b>ADDRESS TO:</b>	
Mail Stop Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	

22764  
032204  
U.S. PTO  
15439 10/805892  
032204

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)  - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets: 3]</span>	b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
5. <input type="checkbox"/> Oath or Declaration <span style="float: right;">[Total Pages: 2]</span>	c. <input type="checkbox"/> Statement verifying identity of above copies
a. <input type="checkbox"/> Newly executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS (IDS)/PTO-1449 Citations
18. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:	13. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)
Prior application information:	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other:

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 10/256,799  
Prior application information: Examiner: NGUYEN, K.M. Group/Art Unit: 2839

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**



21495

PATENT TRADEMARK OFFICE

Name (Print/Type)	Christopher C. Dremann	Registration No. (Attorney/Agent)	36,504
Signature			Date 3/22/04

# FEE TRANSMITTAL for FY 2003

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Del Grosso et al.
Examiner Name	Express Mail No. EV333680851US
Art Unit	
Attorney Docket No.	HE0189-A

**TOTAL AMOUNT OF PAYMENT** **\$770.00**

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account No. **19-2167**

Deposit Account Name **Corning Cable Systems LLC**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

**FEE CALCULATION (continued)**

### 3. ADDITIONAL FEES

#### FEE CALCULATION

##### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1):					\$770.00

##### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 7 - 20\*\* = 0 X 18.00 = 0.00  
 Independent Claims 3 - 3\*\* = 0 X 86.00 = 0.00

Multiple Dependent

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

\*\*or number previously paid, if greater; For Reissues, see above

**SUBTOTAL (2): \$0.00**

##### SUBMITTED BY:

Complete (if applicable)		
Name (Print/Type)	Christopher C. Dremann	Registration No. (Attorney/Agent)
Signature		Date <b>3/22/04</b>